	3					J UU2	Hec	a PUI	<u> 1/P10 2</u>	MAR ZUUT	
	APPLICATION To	NO. (IF KNOWN, S	EE R	INTERNATIONAL A PCT/ZA				A		DOCKET NUMBER 4-0002	
21.	The fol	lowing fees are sul	omitted:.			•		CALC	CHLATIONS	S PTO USE ONLY	
BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :									302:1110:	3 THO OBE ONE!	
□ Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2) paid to USPTO and International Search Report not prepared by the EPO or JPO											
×	 ✓ International preliminary examination fee (37 CFR 1.482) not paid to USPTO but Internation Search Report prepared by the EPO or JPO										
	but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$690.00										
	but all claims did not satisfy provisions of PCT Article 33(1)-(4)										
International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4)									1		
ENTER APPROPRIATE BASIC FEE AMOUNT =									\$840.00		
Surcharge of \$130.00 for furnishing the oath or declaration later than a months from the earliest claimed priority date (37 CFR 1.492 (e)).								\$0.00			
CL	AIMS	NUMBER	FILED	NUMBER EXT	RA	RATE	:				
Total	claims	48	- 20 =	28		x \$18.00			\$504.00		
	ndependent claims 2 - 3 =			0	x \$78.00		· . · · · ·	\$0.00			
Multiple Dependent Claims (check if applicable).								-	\$0.00		
TOTAL OF ABOVE CALCULATIONS =									\$1,344.00		
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable).								\$0.00			
SUBTOTAL =									\$1,344.00		
Processing fee of \$130.00 for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492 (f)). +									\$0.00		
TOTAL NATIONAL FEE =									\$1,344.00		
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).									\$0.00		
TOTAL FEES ENCLOSED =									\$1,344.00		
							ŀ		nt to be: funded	\$	
							I		arged	\$	
×	A check in the amount of \$1,344.00 to cover the above fees is enclosed.										
	Please charge my Deposit Account No. in the amount of to cover the above fees. A duplicate copy of this sheet is enclosed.									ve fees.	
\boxtimes	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0622 A duplicate copy of this sheet is enclosed.										
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.											
SEND ALL CORRESPONDENCE TO:											
SHA	SEND ALL CORRESPONDENCE TO: SHANKS & HERBERT										
	sPotomac Pla					SIGNATO	JKE				
1033 N. Fairfax Street, Suite 306						Toni-Junell Herbert					
Alexandria, VA 22314 (703) 683-3600						NAME					
(703) 683-9875 (facsimile)						34,348					
REGISTRA								ON NUMBER			
						03/2	1/0	/			
						DATE	7	/			